

## STATEMENT OF INTERESTS

INSTRUCTIONS: This form must be used to report all Interests required to be disclosed under the Conflict of Interest Disclosure Act (T.C.A. §8-50-501, et seq.) Disclosure statements must be filed annually by January 31 by officeholders, no later than thirty (30) days following the qualifying deadline for candidates and within thirty (30) days from the date of appointment for appointees. Amended disclosure must be filed whenever reported conditions change because of the termination or acquisition of interests for which disclosure is required.

Individuals holding or seeking state offices specified in T.C.A. §8-50-501 must file their disclosure statements with the Registry of Election Finance, 404 James Robertson Parkway, Sulte 1614, Nashville, TN 37243-1360 (phone 615-741-7959). Individuals holding or seeking elected city or county office must file their reports with the county election commission.

Officeholders may complete items 1- 4 and skip to item 14 if there has been no change in condition since the previous report. The disclosure statement must be signed and the signature attested to by a witness in item 15. Attach additional pages as necessary. Please type or print all information in black ink.

| 1. DATE OF DISCLOSURE   | 2. NAME OF O<br>Ward Petty                               | FFICIAL                | OR CANDIDAT                           | E                             |   |
|---|--|------------------------|---------------------------------------|-------------------------------|---|
| 3. ADDRESS AND PHONE  | Street or Rural Route                                    | City                   | State                                 | Zip code                      | Phone   |
|   | Lookout mountain   |                        | 37750                                 |                               | (413) 821-7676  |
| 4. TITLE OF OFFICE HELD OF<br>Lookout Mountain, Tenn  | essee City Commi   | rict numb<br>SS(0)     | er , if applicable                    | )                             |   |
| SOURCES OF INCOME: Li<br>minor children residing with you.<br>salaried employments. No dolla                        | "Major sources of privat                                 | e Income               | ncome of more<br>"Includes, but is    | than \$1,000<br>s not limited | and that of your spouse or to, offices, directorships and |
| A.G. Edwards + Sons   |  |                        |                                       |                               |   |
| Dr. David N. Collins  | , MD   |                        |                                       |                               |   |
| Investment Income (Dividend Income)   |  |                        |                                       |                               |   |
|   |  |                        |                                       |                               |   |
|   |  |                        |                                       |                               |   |
|   |  |                        |                                       |                               |   |
| 6. INVESTMENTS: List any investments organization in excess corporation or organization must A.C. Edwards + Society | of ten thousand dollars (<br>t be listed but no dollar a | \$10,000)<br>mounts (  | or five percent (                     | (5%) of the to                | tal capital. The name of the                              |
|   |  |                        |                                       |                               |   |
|   |  |                        |                                       |                               |   |
|   |  |                        |                                       |                               |   |
|   |  |                        |                                       |                               |   |
| 7. LOBBYING: List any perso   | a firm or organization f                                 | or whom                | componented I                         | obbuina ie d                  | one by any associate your                                 |
| spouse or minor children residing hold any interest for whom comp to be supported or opposed.                       | g with you. Also, list any                               | firm in wi             | nich you, your st                     | pouse or min                  | or children residing with you                             |
| 4 4   |  |                        |                                       |                               |   |
|   |  |                        |                                       |                               |   |
|   |  | -                      |                                       |                               |   |
| PROFESSIONAL SERVICES services, such as those of an at-   | S: List in general terms (I<br>torney, accountant or an  | by areas<br>chitect, a | of the client's in<br>re furnished by | terests) the e<br>you or your | entities to which professional spouse.                    |
|   |  |                        |                                       |                               |   |
|   |  |                        |                                       |                               |   |
|   |  |                        |                                       |                               |   |
|   |  |                        |                                       |                               |   |
|   |  |                        |                                       |                               |   |

|   | mbers of General Assembly only): List the amount and source (by name) of any<br>se in defraying the expenses necessarily related to the adequate performance of   |
|---|---|
| AIN   |   |
|   |   |
|   |   |
| promoting or opposing, Influencing or at  | or fee you receive from any person, firm or organization who is in the practice of tempting to influence directly or indirectly, the passage or defeat of any legislatembly, the legislative committees or the members thereof.   |
|   |   |
| 11. BÁNKRUPTCY: List any adjudicati five (5) years of the date of this report.  | ion of bankruptcy or discharge received in any United States district court within  |
| A/k   |   |
|   |   |
| made in the previous calendar year to y<br>closed on this report if they are:<br>(1) From your immediate family (spot | ion of loans for more than one thousand dollars (\$1,000) from the same source rou, your spouse or minor children residing with you. Loans need not be dis-<br>use, parent, sibling, or child); institution or made in accordance with existing law in the ordinary course of doing   |
| assures repayment, evidenced by<br>(3) Secured by a recorded security in  | oan must bear the usual and customary rate of interest, be made on a basis which<br>y a written instrument and subject to a due date or amortization schedule.<br>terest in collateral, bearing the usual and customary interest rate of the lender and<br>repayment, evidenced by a written instrument and subject to a due date and |
|   | nave at least ten percent (10%) partnership interest.  than fifty percent (50%) of the outstanding voting shares are owned by you or by arent, sibling, or child).  |
|   |   |
| 13. ADDITIONAL INFORMATION: List  | any additional information you wish to disclose.  |
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| N or  |   |
|   |   |
| 14. OPTION AVAILABLE TO OFFICEHO  | OLDERS ONLY (Check if applicable):  |
| There has been no change in   | n conditions since my previous report.  |
| 15. TO BE SIGNED BY REPORTING C   | DFFICIAL OR CANDIDATE (must be attested to by witness)  |
|   | I certify that the information contained in this disclosure statement is true and that it is a complete and accurate report of all matters that I am required to disclose by the Conflict of Interest Disclosure Act.   |
|   | Signature of Official or Candidate Date   |
|   | I, the undersigned, do hereby witness the above signature which   |
| 2004 MAR 31 AM 8: 13  | was signed in my presence.  |
| NOISSIMMQO  | CherylCCoy 3/30/04  |
| -00 KOTJINAH<br>MONTOSE   | Signature of Witness  NOTARY PABLE  MY COMMISSION EXPIRES 07/23 6   |

Registry of Election Finance SS-3044 (Rev. 06/03)